



POSITION DESCRIPTION

Form Revision Date: 08/2015

COMPENSATION DIVISION
DEPARTMENT OF STATE CIVIL SERVICE
P.O. BOX 94111 – CAPITOL STATION
BATON ROUGE, LA 70804-9111
SCSPDS@la.gov

1 TYPE OF REQUEST

Check appropriate request boxes. If master job description, please attached master list of positions.

☐ UPDATE ☐ AGENCY APPEAL ☐ MASTER ____ # requested

☐ JOB CORRECTION ☐ EMPLOYEE APPEAL ☐ CAREER
PROGRESSION GROUP

☐ NEW POSITION ☐ 5.3 APPEAL

MAJOR AGENCY CODE &
PERSONNEL AREA CODE

POSITION NUMBER

CURRENT OFFICIAL JOB TITLE (IF POSITION IS IN A CPG, LIST CAP OF ALLOCATION)

CURRENT PAY LEVEL

CURRENT OFFICIAL JOB CODE

REQUESTED OFFICIAL JOB TITLE

REQUESTED PAY LEVEL

REQUESTED OFFICIAL JOB CODE

2 INFORMATION REQUIRED FOR NEW POSITION FOR LA GOV HCM AGENCIES ONLY

ORGANIZATIONAL UNIT NUMBER

COST CENTER NUMBER /FUND

WORK PARISH

PERSONNEL SUBAREA

EMPLOYEE GROUP (CHOOSE ONE)

☐ FT HOURLY ☐ FT SALARY ☐ PT HOURLY

EMPLOYEE SUBGROUP (CHOOSE ONE)

☐ NON-EXEMPT ☐ EXEMPT

3 GENERAL INFORMATION

EMPLOYEE'S NAME – LAST, FIRST

Employee Qualifies For Job

☐ Yes ☐ No

HUMAN RESOURCES CONTACT

AGENCY/DEPARTMENT – OFFICE – DIVISION

HUMAN RESOURCES TELEPHONE
()

OFFICIAL TITLE OF SUPERVISOR

DIRECT SUPERVISOR'S POSITION NUMBER

HUMAN RESOURCES EMAIL

4 COMPARATIVE POSITIONS

List positions that have similar or identical duties to this position.

INCUMBENT NAME

POSITION NUMBER

OFFICIAL JOB TITLE / AGENCY

5 SUPERVISORY ELEMENTS

ORGANIZATIONAL CHART MUST BE ATTACHED

☐ DETERMINES WORK ASSIGNMENTS ☐ RECOMMENDS HIRING/PROMOTIONS ☐ TRAINS STAFF

☐ REVIEWS AND APPROVES WORK ☐ PREPARES & SIGNS PES RATING ☐ APPROVES LEAVE

NUMBER OF
DIRECT
SUBORDINATES

6 ATTACHMENTS

Check to indicate attachments.

☐ Organizational Chart (required) ☐ Duties / Responsibilities (required) ☐ Comments ☐ MJD Position Numbers ☐ Contracted Personnel Form

7 SIGNATURES

Sign and print below.

EMPLOYEE

DATE

☐ I certify that the information in this document is true and correct to the best of my knowledge.
☐ I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.

DIRECT SUPERVISOR

DATE

☐ I certify that I agree with this document.
☐ I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.

APPOINTING AUTHORITY (Required)

DATE

☐ I certify that I agree with this document.
☐ I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.

PRINT NAME AND TITLE OF APPOINTING AUTHORITY

8 JOB DUTIES AND RESPONSIBILITIES

Provide a brief statement describing the function of work or reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. If applicable, describe any unusual physical demands and/or unavoidable hazards of the position. Attach additional pages if necessary.

PERCENTAGES MUST TOTAL 100% LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE.
